

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



Reference: M:2015.Merit.Health.Central.250072CN MS12286.12396.23Day.05.13.2015 -204 doc.

May 13, 2015

Ms. Lisa Dolan, CEO
Merit Health Central Hospital
1850 Chadwick Drive
Jackson, Mississippi 39204

RE: CMS Certification Number (CCN): 25-0072
Re: Merit Health Central Hospital
EMTALA Complaint Control Number: MS00012286/12396

Dear Ms. Dolan:

To participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

We have reviewed the report of the May 22, 2014 and May 14, 2014, complaint surveys numbered MS00012286 and 12396 conducted by the Mississippi State Agency. The complaints alleged noncompliance with the requirements of 42 CFR 489.24, *Responsibilities of Medicare Participating Hospitals in Emergency Cases* and/or the related requirements of 42 CFR 489.20. We have determined that your hospital violated the requirements of 42 CFR 489.24 and/or 42 CFR 489.20 and that an Immediate Jeopardy exists based on the following:

- Failure to meet the requirements of 42 CFR 489.20;
- Failure to meet the requirements of 42 CFR 489.24;
- Failure to provide "On-Call" physicians who were available;
- Failure to provide stabilizing treatment;
- Failure to provide an adequate medical screening;
- Failure to provide appropriate transfers

We have determined that the deficiencies are so serious that they constitute an immediate threat and jeopardy to the health and safety of any individual who comes to your hospital with an emergency medical condition. Further, under 42 CFR 489.53, a hospital that violates the

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provisions of 42 CFR 489.24 is subject to termination of its provider agreement. Continuation of these deficiencies could result in the termination of *Merit Health Central Hospital* from the Medicare program.

This determination letter serves to notify you of the violation. The projected date on which your Medicare provider agreement will terminate is "June 5, 2015". If you have not demonstrated compliance within *twenty one days from the date of this letter*, you will receive a final notice of termination letter. This final notice will be sent to you concurrently with notice to the public in accordance with regulations at 42 CFR 489.53.

You may avoid termination action and notice to the public either by providing a credible allegation or credible evidence of correction of the deficiencies, or by successfully proving that the deficiencies did not exist prior to the projected public notification date. In either case, the information must be furnished to this office so that there is time to verify the corrections. A credible allegation of correction by the hospital requires a resurvey to verify the corrections. However, when evidence of correction is provided by the hospital, this office must decide whether the evidence of correction is sufficient to halt the termination action. If the evidence is not sufficient in itself to establish that the hospital is in compliance, a resurvey is required for verification of correction.

We will rescind your termination from the Medicare program if this office verifies your corrective action or determines that you successfully refuted the findings contained in this letter by proving the allegations were in error. The criteria for a credible allegation of compliance are:

- The alleged corrective action must have removed the deficiency,
- The corrective action was of a kind that could have been accomplished between the survey and the date of the allegation.
- Changes made ensure the deficient practice does not recur.
- How the corrective action will be monitored to ensure deficient practice does not recur.
- The owner/operator has high credibility with the North Carolina State Agency and CMS's Atlanta Regional Office

Your written response with the Plan of Correction must be received in our office no later than ten calendar days (or sooner) from receipt of this notice or termination action will proceed as scheduled. The Mississippi State Agency will schedule a survey to conduct a full and thorough review of your corrective actions on or before June 5, 2015. Please be advised that under Medicare, a provider is not entitled to a formal hearing before termination but only after adverse action actually takes place.

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If you have any questions, please contact Rosemary Wilder at 404 562-7452 or through email at rosemary.wilder@cms.hhs.gov.

Sincerely,

Sandra M. Pace
Associate Regional Administrator

Enclosure: CMS 2567

CC: State Agency